



P. O. Box 436 Vienna, Georgia 31092
(229) 268-4744 Fax: (229) 268-6172

APPLICATION FOR CITY SERVICES

Issued by: _____ Date Issued: _____ Acct. #: _____ Route: _____

Name: _____ New Service: _____ Transfer: _____

SS/ID/DL#: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address: _____

Physical Address: _____ Vienna, Georgia 31092

Mailing Address: (if different from Physical Address): _____

Type of Service Requested: Water _____ Sewer _____ Gas _____ Total Paid \$ _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting the discrimination against applicants seeking to participate in the program. You are NOT required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

_____ White, not of Hispanic origin _____ Black, not of Hispanic origin _____ Hispanic
_____ American Indian _____ Alaskan Native _____ Asian or Pacific Islander
_____ Other

For Utilities Department Only

Date work completed: _____ Beginning Time: _____ Ending Time: _____

Meter Readings: Read by: _____

Gas ON: _____ Water ON: _____ Labor Costs: _____

Gas OFF: _____ Water OFF: _____ Materials: _____

TOTAL: _____

For Administrative Use Only

Deposit Amount Refunded: \$ _____ Check #: _____ Date: _____

Bill Paid in Full? Yes _____ No _____ Batch#: _____

Utility Deposit Refunded: Water _____ Sewer _____ Gas _____

Customer Signature is Required if Cash Refund is Received: _____

www.cityofvienna.org

An Equal Opportunity Provider and Employer/Drug Free Workplace